

**PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS**

Date of report: January 30, 2017

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| Auditor Information | | | |
| Auditor name: Leah Michele Coffin | | | |
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| Email: michele.coffin@cecintl.com | | | |
| Telephone number: 832-707-9454 | | | |
| Date of facility visit: August 1-2, 2016 | | | |
| Facility Information | | | |
| Facility name: Essex County House of Corrections-Middleton (MIDD) | | | |
| Facility physical address: 20 Manning Road, Middleton, MA 01949 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: 978-750-1900 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input checked="" type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input type="checkbox"/> Prison | <input checked="" type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Michael Marks, Superintendent | | | |
| Number of staff assigned to the facility in the last 12 months: 402 | | | |
| Designed facility capacity: 550 | | | |
| Current population of facility: 1212 | | | |
| Facility security levels/inmate custody levels: Medium | | | |
| Age range of the population: Adults 18-97 | | | |
| Name of PREA Compliance Manager: Karen Paluzzi | | Title: Lieutenant | |
| Email address: kpaluzzi@eccf.com | | Telephone number: 978-750-1900 | |
| Agency Information | | | |
| Name of agency: Essex County Sheriff's Department (ECSD) | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Commonwealth of Massachusetts | | | |
| Physical address: 20 Manning Road, Middleton, MA 01949 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: 978-750-1900 | | | |
| Agency Chief Executive Officer | | | |
| Name: Frank Cousins | | Title: Sheriff | |
| Email address: sheriff@eccf.com | | Telephone number: 978-750-1900 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Jason Ebacher | | Title: Assistant Superintendent/PREA Coordinator | |
| Email address: jebacher@eccf.com | | Telephone number: 978-750-1900 | |

AUDIT FINDINGS

NARRATIVE

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Essex County House of Corrections-Middleton was conducted on August 1-2, 2016 by Leah Michele Coffin with the assistance of DOJ Certified PREA Auditor Savitre Bettencourt. The standards used for this audit became effective August 20, 2012. Prior to the on-site visit, the facility submitted documentation that included data from the Pre-Audit Questionnaire to support PREA compliance. The documentation reviewed included agency policies, procedures, education materials, forms, training curriculum, organizational charts and other PREA related materials to demonstrate PREA compliance. Some questions arose during the documentation review that were discussed by telephone with the PREA Coordinator and PREA Compliance Manager and were followed-up in writing. During the on-site visit, the auditors reviewed and observed investigation reports, training, unannounced rounds, intake risk assessments, and PREA posters.

Upon arrival to the facility, the auditors met with the Superintendent, PREA Coordinator, PREA Compliance Manager and other Department Heads for introductions and explain the audit process. The auditors toured the facility and observed facility schematics, camera and mirror location, staff supervision of inmates, housing unit layouts, toilet and shower areas, placement of PREA information, intake area, security monitoring and PREA audit notices. Areas of operations that were observed during this tour included the following: intake, medical department (including medical housing), gym, outside recreation yard, education/programs building, library, food service, laundry and all housing units. The auditor noted that shower coverings are in place for privacy. Toilet stalls are separated, however (Voke 1, 2 and 3) need partitions added to the urinals for privacy.

The auditors interviewed 33 total inmates; 29 random inmates (24 males and 5 females), 1 transgender inmate, 1 Spanish speaking inmate, 1 inmate who reported sexual abuse and 1 inmate who wrote a letter to the auditor prior to the on-site visit. Twenty-eight (28) facility staff members were interviewed; 10 random staff members and 18 specialized staff. The specialized staff include the Superintendent, PREA Coordinator, PREA Compliance Manager, Investigative Staff, Administrative Human Resource Staff, Intake Staff, Segregation Staff, Shift Supervisors (Captains, Lieutenants and Sergeants), Medical/Mental Health Staff, SAFE/SANE Nurse at local hospital (telephone interview) and local advocate crisis center (telephone interview). In the past 12 month, the facility reported twenty-five (25) PREA Incidents (2 substantiated, 22 unfounded, 1 pending). The auditors reviewed the two substantiated incidents and 5 of the unfounded incidents.

Staff interviewed indicated they had received PREA training and could address the meaning of the agency's zero-tolerance policy. Staff was knowledgeable regarding their roles and responsibilities in the prevention, detection, responding and reporting to allegations of sexual abuse and sexual harassment. The auditors determined through interviews and observation that staff were well trained on first responder duties for PREA related allegations.

Inmates interviewed were aware of the multiple reporting mechanisms that are in place at the Essex County House of Corrections-Middleton. Some inmates indicated that they received sufficient education materials to include the video/power point during orientation which occurs upon arrival or the next day and the posted information that was observed throughout the facility. The inmates indicated what they would do and who they would tell if they were sexually abused or sexually harassed while at the Essex County House of Corrections-Middleton. They also indicated they felt very safe at the .

During the audit process, staff showed knowledge of PREA Standards and appeared to be committed to the PREA effort. On August 2, 2016, an exit meeting with key administrative staff and the PREA Coordinator was held.

DESCRIPTION OF FACILITY CHARACTERISTICS

The philosophy/mission of the Essex County Sheriff's Department Middleton House of Corrections is to promote public safety by imprisoning criminal offenders while maintaining a commitment to crime prevention in the community. The department also seeks to operate clean, safe and humane facilities, with an appropriate range of services, which recognizes the individual needs of the offenders. The 12-building Middleton complex sits on 20 acres that overlooks the communities of Danvers and Middleton. The facility opened in February 15, 1991 with an inmate population of 550. Currently, the jail hosts about 1200 offenders. The jail houses sentenced county inmates, pre-trial county inmates and sentenced state inmates. The average sentence for a county inmate is 10 months and, on average, 8 years for a sentenced state inmate. The facility had an average population of 1165 at the time of the audit and houses adult males and adult females sentenced for a 28-day court ordered stay. There are 157 cameras inside and outside the facility and numerous concave/convex mirrors. The recordings are retained for 60 days. The central inmate housing area, indoor gym and outdoor yard is enclosed by a pair of chain-link fences and is topped with coiled wire, motion detectors and specially-constructed lower segment that makes climbing over the fences next to impossible. The jail utilizes a K-9 program for security enhancement, narcotic detection and escapee apprehension. The administration building, warehouse and garage are located outside the fence. A new intake area was built and has been operable for approximately 1 ½ years. The department processes approximately 9,000 new inmates per year. Inmates that work do so in the kitchen, laundry or perform janitor duties. Medical services are provided by Naphcare (contracted medical services) in a clinical setting. Inmate programs/activities include Treatment Recovery Addicts and Corrections (TRAC) and adult basic education and a program similar to a "Therapeutic Community". The facility is accredited by the American Correctional Association.

SUMMARY OF AUDIT FINDINGS

In summary, after reviewing all submitted documentation and conducting staff and inmate interviews, the auditors concluded that staff understood responsibilities as it relates to PREA and inmates were aware of PREA and felt safe in the facility. All areas of the jail were observed to be clean and well maintained considering the size and complexity of the facility. The facility met the requirements of thirty-five (35) standards, six (6) that did not meet requirements of the standards and two (2) standards were not applicable. This should be considered an interim report with a final report to follow within 180 days.

Overall Compliance as reflected in the Interim Compliance Report:

Number of standards exceeded: 0
Number of standards met: 35
Number of standards not met: 6
Number of standards not applicable: 2

January 2017 Update Since the Audit: Corrective actions taken by Essex County Middleton House of Corrections (MIDD) to achieve full compliance

The interim compliance report reflected there were six (6) standards that were in non-compliance at the Essex County Middleton House of Corrections. On September 12, 2016 the Corrective Action Plan (CAP) was initiated via phone conference between the auditors and facility administration. On January 20, 2017 the final CAP phone conference was held to review and finalize all corrective action plans. There were a total of five (5) formal CAP calls between auditors, the PREA Coordinator Jason Ebacher and PREA Managers Jamie Forcino and Karen Paluzzi. During these calls auditors offered guidance to Middleton's PREA Coordinator in order to establish full compliance. The following standards were found in non-compliance during the initial audit process: 115.15, 115.41, 115.42, 115.52, 115.66 and 115.86. During the corrective action period the facility worked diligently to bring all of these standards into full compliance by providing proof of practice. After reviewing the documentation the auditors determined that the Essex County Middleton House of Corrections had demonstrated and achieved full compliance with the PREA standards as of the date of this final report.

Final Compliance:

Number of standards exceeded: 0
Number of standards met: 41
Number of standards not met: 0
Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Essex County Sheriff's Department (ECSD)/ Middleton House of Corrections (MIDD) has a zero tolerance policy in place that addresses all forms of sexual abuse and sexual harassment. PREA policy 103 ECSD 981.00 includes definitions of sexual abuse and sexual harassment. There is a designated PREA Coordinator and facility PREA Compliance Manager who oversees compliance to zero-tolerance. The PREA Coordinator, Jason Ebacher, was interviewed and discussed with the auditor that monthly PREA meetings are held with key staff and that he has sufficient time to manage all the PREA-related responsibilities. He also revealed that if there was an issue complying with a PREA standard he meets with the Superintendent to discuss the issue and resolution. He also meets with the facility PREA Compliance Manager to guide her in bringing the issue into compliance. Mr. Ebacher was appointed as the PREA Coordinator June 14, 2016. The facility PREA Compliance Manager, Karen Paluzzi, was also interviewed and confirmed the monthly PREA meetings conducted and the guidance received from Mr. Ebacher. Ms. Paluzzi was appointed as the facility PREA Compliance Manager July 1, 2013 and she stated that she has sufficient time to manage all PREA-related responsibilities. Inmates interviewed stated they received sufficient information, such as inmate handbooks, PREA handouts and PREA posters displayed regarding zero-tolerance and procedures on how to report sexual abuse and sexual harassment. Interviews with staff and inmates and a review of the inmate handbook, PREA handouts, signed acknowledgements of receipt of information and PREA posters observed throughout the facility support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 05 pgs. 2-3, Section 07 pgs. 3-5; Pre-Audit Questionnaire; Interviews with PREA Coordinator Jason Ebacher and PREA Compliance Manager Karen Paluzzi, random inmates; Inmate handbook, PREA handouts, PREA posters, signed acknowledgements.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is not applicable. The auditors reached out to the PRC to get more information and clarification regarding this standard. The Essex County House of Corrections-Middleton (MIDD) is directly operated by ECSD. The MIDD does not contract with other facilities for the confinement of its residents.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 06 pg. 3

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ECSD/ MIDD has developed and maintains a staffing plan compliant with this standard. The agency is responsible for three (3) facilities. Initially, one (1) staffing plan for all three (3) facilities was submitted. After a discussion with the PREA Coordinator, each facility created a separate staffing plan specific to their operations, layout and population for review prior to the on-site audit. The staffing plan reviewed was developed by examining staffing levels for hours that needed to be covered, and reviewing the number of hours available based on the number of employees and hours each works. The staffing plan addresses the eleven (11) elements as required by 115.13 (a) 1-11. The Vulnerability Assessment reviewed is the annual review completed by Essex County Administration as required by 115.213 (c) 1-3 that includes a review of the established staffing plan, deployment of video monitoring systems and other use of technology and resources available to commit to compliance to staffing plan. The plan was predicated on an inmate population of 1,248. No deviations from the staffing plan were noted based on facility self reporting and Shift Commander Deputy logs documenting that overtime staff is utilized to cover mandatory staffing requirements. Staffing is complemented with the deployment of 157 video cameras inside and outside of the facility. The on-site audit included an examination of inmate access to phones, staffing rosters and housing assignments. The MIDD is compliant with standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 08 pgs. 7-8; Pre-Audit Questionnaire; Facility Tour; Interviews with facility staff and inmates; MIDD staffing rosters and inmate population reports; Vulnerability Assessment; Log books showing unannounced rounds.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is not applicable- The 189th General Court of Commonwealth of Massachusetts Part I, Title XVII Chapter 119 Section 58 Adjudication as delinquent child or youthful offender requires offenders under the age of 18 to be committed to the Department of Youth Services. This was supported by the facility tour, interviews and a review of the aforementioned law.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/ MIDD PREA policy prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by a medical practitioner. The policy also prohibits searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. In the past 12 months, the facility has not conducted any cross-gender pat down or strip searches and cross-gender visual body cavity searches. Male/female staff announced their presence verbally when entering all areas holding inmates during the facility tour. Some inmates interviewed stated they weren't afforded privacy from all staff when showering, dressing and using the toilet and that staff announce their presence when opposite gender staff entered the housing units or other areas holding inmates. During the facility tour, the auditors observed opposite gender staff announcements and sufficient privacy for showering and use of toilet in general population housing. During the facility tour, the auditors observed 3 housing areas (Voke 1, 2, 3) with urinals without partitions for privacy when using the urinal (toilets where in stalls). A review of the cameras in central control revealed staff have full view of inmates using the toilet in four (4) risk rooms and two (2) isolation rooms in the infirmary. The facility does not meet this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 09 pgs. 8-9; Pre-Audit Questionnaire; Facility Tour; Interviews with facility staff and random inmates.

Corrective Action Required

1. Add partitions to urinals in Voke 1, 2, 3 to provide privacy and prevent voyeurism to inmates when the urinals are in use.
2. Pixilate the toilet area in the four (4) risk rooms and two (2) isolation rooms in the infirmary to prevent voyeurism from staff monitoring cameras in central control.

Verification of Corrective Action:

1. The auditors were provided invoices of urinal partitions purchased on November 17, 2016 and pictures that the partitions were added to urinals on January 9, 2017 to evidence and demonstrate corrective actions regarding this standard.
2. PREA Coordinator Jason Ebacher provided the cost to pixilate the live feed camera, which would cost them over \$750,000.00. The auditors discussed with Mr. Ebacher that this part of the standard would fall under exigent circumstances due to the cost of equipment.

The Essex County Middleton House of Corrections is now fully compliant with this standard.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MIDD takes appropriate steps to ensure inmates with disabilities and inmates with limited English Proficiency have an opportunity to participate in and benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Inmate handbooks, PREA handouts and PREA posters throughout the facility written in English and Spanish were reviewed prior to and during on-site visit. Essex County Sheriff's Department (ECSD) has a contract for interpreter services with Language Line to address any language need to assist inmates. The language line services assist inmates by interpreting orientation materials (inmate handbooks, PREA handouts, PREA posters) and for the assistance of reporting PREA related issues. Inmates with learning disabilities or other impairments would

receive assistance with orientation materials and reporting PREA related issues from staff, interpreters or Language Line Services. Staff interviewed were aware that inmate interpreters or assistants are not utilized in handling any PREA related matter. It was determined that through inmate interviews, staff go over orientation materials with all inmates. The auditors interviewed a bi-lingual staff with a limited English proficient inmate. The inmate confirmed that he received materials in Spanish and staff assisted with any questions that arose during intake and orientation. The MIDD is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 10 pg. 9; Pre-Audit Questionnaire; Facility Tour; Interviews with random facility staff and limited English proficient inmate; Language Line Contract/Invoices; PREA posters, handout and inmate handbook in Spanish.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ECSD/ MIDD PREA policy prohibits the hiring, promotion or retention of any employee and prohibits the enlistment of any contractor or volunteer as required by this standard. The facility has an extensive new hire process to include a personality assessment completed by an outside company. The new hire process was reviewed during the interview with the Human Resources Manager. During the hire process, the Internal Affairs Department or Human Resources Manager makes its best efforts to contact all prior institutional employers for information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Internal Affairs Department completes an Employment References check. All new potential applications and background information received are reviewed by two (2) staff members. All employees, contractors and volunteers receive criminal background checks through NCIC and CJIS according to this standard. Five year backgrounds are completed utilizing the aforementioned services on employees and contractors who have contact with inmates. Employment Standards for PREA is disclosed on the pre-employment application, evaluation forms and a standardized form is utilized for promotions labeled Promotion PREA Waiver. All these forms were reviewed prior to and during the on-site review. Interviews with the Human Resource Manager, Internal Affairs Department and a review of policy and documentation confirm compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 11 pgs. 9-10; Pre-Audit Questionnaire; Interview with Human Resource Manager; Review of background checks, new hire and promotion decision process.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses the mandates of this standard. The facility has an extensive video and visual monitoring system in place. A new intake area with video monitoring was built 2 years ago and has been utilized for the last 1 ½ years. Additional cameras are currently being considered according to the vulnerability assessment completed by the PREA Coordinator. The facility is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 12 pgs. 10-11; Pre-Audit Questionnaire; Facility tour; Review of vulnerability assessment; Interviews with Superintendent and PREA Coordinator.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MIDD refers allegations of sexual abuse or sexual harassment to the Security Investigations Department at the Essex County Sheriff's Department for administrative and criminal investigations and, when needed for criminal prosecution, to the Essex County District Attorney's Office or the Massachusetts State Police. The aforementioned departments are responsible for the collection of forensic evidence. Staff interviewed were aware of the facilities' procedures to obtain usable physical evidence if sexual abuse is alleged. Essex County MIDD has Memorandums Of Understanding (MOUs) with Lawrence General Hospital to provide SAFE/SANE services. A telephone interview was conducted with SAFE/SANE Nurse Deb Perry. Ms. Perry confirmed that all forensic medical examinations are completed at the Lawrence General Hospital, without financial cost to the inmate, and that there are twenty (20) SAFE/SANE Nurses on staff. She also stated that if a SAFE/SANE Nurse was unavailable to conduct examinations that the Emergency Room (ER) Nurses are all trained to conduct forensic medical examinations. Essex County has an MOU with The Greater Lawrence YWCA to provide victim advocacy services. Several operators were interviewed by telephone when telephones were checked. The operators confirmed that services were available to inmates 24 hours, are confidential and would provide advocacy services at the hospital upon request. No SAFE/SANE exams were conducted in the past 12 months. MIDD is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 13 pgs. 11-12; Pre-Audit Questionnaire; Sexual Assault Evidence Protocol; Interviewed by telephone SAFE/SANE Nurse Debbie Perry; Spoke with operator(s) of Greater Lawrence YWCA when checking telephones; Interviewed Investigative Staff, random staff and inmates.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MIDD refers allegations of sexual abuse or sexual harassment to the Security Investigations Department at the Essex County Sheriff's Department for administrative and criminal investigations. A security investigator from the department was interviewed and was very knowledgeable concerning their responsibilities under the PREA standards. The auditor reviewed twenty-five (25) investigations (1 pending) with substantiated (2) or unfounded (22) results as it pertains to sexual abuse or sexual harassment. All investigations were properly completed. Interviews with staff, policy and documentation review confirm compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 14 pg. 12; Pre-Audit Questionnaire; Interviews with Security Investigations Department Investigators; Reviewed investigation reports for allegations of sexual abuse and sexual harassment.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ECSD/ MIDD PREA policy requires all new employees receive training relative to their PREA responsibilities. All current employees shall be trained with refresher training every two years to ensure that all employees know the current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the department provides refresher information on current sexual abuse and sexual harassment policies. Training curriculum reviewed supports compliance with the ten elements required in the standard. Training documents were reviewed to support that all staff with inmate contact have been trained. All staff sign an acknowledgement that they understood the training received. Interviews with staff confirmed understanding of training as it pertains to zero-tolerance, prevention, detection and responding to PREA allegations. All staff carry a card outlining required actions as a first responder. The MIDD is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 15 pg. 12; Training curricula for content; Pre-Audit Questionnaire; Training records; First Responder Cards; Interviews with random staff.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses this standard. All contractors/volunteers who have contact with inmates receive training as to their responsibilities pertaining to PREA. The zero-tolerance, prevention, detection, reporting and responding requirements are covered in training. The facility has a contract with Naphcare to provide Medical Services to inmates. Contract staff interviewed stated they had been trained on their responsibility regarding sexual abuse and sexual harassment, steps to take when reporting (chain of command) and how to

separate the alleged victim and alleged perpetrator. A sample of acknowledgement receipts signed by volunteers/contractors of the ECSD Prevention, Elimination of Harassment in the Workplace, Prohibition of Domestic Violence and Prison Rape Elimination Act (PREA) Policies were reviewed to confirm compliance with this standard.

Policy, Interviews and Other documentation Reviewed

-Policy 103 ECSD 981.00 Section 16 pg. 13; Pre-Audit Questionnaire; Training acknowledgements; Interviews with contractor medical staff.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses the requirements of this standard. During the intake process, inmates receive information verbally and in writing (inmate handbook and pamphlet in English and Spanish) that explains the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents (115.33(a)). In addition to written materials, a video/power point orientation is completed within 30 days of arrival that also details the facility's policies on PREA and standard 115.33 (a). PREA posters with hotline numbers and addresses were observed throughout the facility to call or write to report violations of PREA. Language Line assistance is available for inmates who have difficulty communicating in English. Interpreters or facility staff is available for inmates with learning disabilities or other impairments. Interviews with staff determined that staff are aware that inmate interpreters are not utilized for any inmate education or PREA related matters. Inmates interviewed stated they received sufficient education and information, such as inmate handbooks, PREA handouts and PREA posters displayed regarding zero-tolerance, procedures on how to report sexual abuse and sexual harassment, rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. The inmates were aware of access to hotlines and that information was confidential. The inmate handbook, PREA pamphlets and inmate orientation curriculum and a sample of acknowledgement for receipts of inmate handbook and other orientation materials was reviewed to confirm inmates were educated as required by this standard. Staff and residents interviewed and a review of policy and documentation verify compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 17 pgs. 13-14; Pre-Audit Questionnaire; Inmate handbook, PREA posters and PREA pamphlets; Orientation curriculum for inmate education; Interviews with intake staff and random inmates.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MIDD refers allegations of sexual abuse or sexual harassment to the Security Investigations Department at the Essex County Sheriff's Department for administrative and criminal investigations. A security investigator from the department was interviewed and discussed that training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral. This curriculum and completion of training was verified through review prior to facility and during on-site visit. All investigators in department have received specialized investigator training. The MIDD is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 18 pg. 14; Policy 103 ECSD 217.00 Investigations; Sexual Assault Evidence Protocol; Pre-Audit Questionnaire; Training records for staff completing Specialized Investigations; Interview with investigative staff.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy address the requirement of this standard. Forensic examinations are only conducted at a local hospital. According to interviews with Naphcare Medical staff, training is completed prior to assignment, through Relias Learning and courses are based on job titles. A review of the training curriculum and medical staff interviews supports that training addresses the four (4) elements as required by standard 115.35 (a) 1-4). A sample of staff training and attendance logs were reviewed to ensure that staff received the training as required by this standard. Staff interviewed, policy and training curriculum, and acknowledgement of training documentation reviewed verify compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 19 pg. 14; Pre-Audit Questionnaire; Training Curriculum and acknowledgement of training completed; Interviews with Naphcare Medical Staff.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy requires inmates have an initial screening within 72 hours of arrival to assess for risk of victimization/abusiveness utilizing an objective screening instrument. The screener is not objective and does not meet all areas required by this standard. A reassessment is not conducted in 30 days unless the inmate reveals information of prior victimization. There is currently no formalized process in place to complete an objective assessment or reassessment of inmates. The facility does not meet this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 20 pgs. 14-15; Pre-Audit Questionnaire; Review of screeners for risk of victimization/abusiveness; Interviews with staff responsible for completing screeners, intake staff, PREA Coordinator and PREA Compliance Manager.

Corrective Action Required

1. Develop, train and implement an objective screening instrument with the required criteria described in PREA Standard 115.41.
2. Implementation of a formalized process to complete objective screenings on all inmates within 72 hours of arrival and 30 day reassessments.

Verification of Corrective Action

ECSD/MIDD PREA Manager with the assistance of the PREA Coordinator and higher level ranking staff complete all PREA screeners in a private setting. Once the screener is completed it is then reviewed by another staff member for accuracy. The facility revised their screener by adding a rating system with specific guidelines to make it a more objective tool. The facility submitted samples of 72 hour and 30-day screeners to the auditors to demonstrate corrective actions taken regarding this standard in December 2016 and January 2017.

The Essex County Middleton House of Corrections is now fully compliant with this standard.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy and standard 115.42 requires that information received from risk screening required by 115.41 is used to determine housing, work, education and program needs. It is also utilized for any referrals that need to be made for medical, mental health services. The facility does not use information from screening instrument to determine housing or program needs (115.42) and any referrals that need to be made for medical/mental health services (115.81 a-c). The facility does not meet this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 21 pgs. 15-16; Pre-Audit Questionnaire; Review of screeners for risk of victimization/abusiveness; Interviews with staff responsible for completing screeners, intake staff, PREA Coordinator and PREA Compliance Manager.

Corrective Action Required

1. Once the objective screening instrument is implemented, a process must be implemented to allow for information obtained to determine housing or programming needs and any referrals for medical/mental health services

Verification of Corrective Action

ECSD/MIDD policy addresses this standard. MIDD has revised their screener to make it a more objective tool. The auditors examined the screener of a “high risk” inmate that was transferred back to Middleton from Essex County Pre-Release Center. The staff showed detailed documentation on the follow-up for inmates who were found as “high risk” during the screening process.

The Essex County Middleton House of Corrections is now fully compliant with this standard.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses the requirements of this standard. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. The inmates would be reassessed every 30 days after entering segregation. In the past 12 months, no inmates have been placed in involuntary segregated housing for one to 24 hours or for longer than 30 days that are high risk for sexual victimization. Interviews with staff confirmed compliance with this standard.

Policy, Interviews and Other Documentation Reviewed
 -Policy 103 ECSD 981.00 Section 22 pgs. 16-17; Pre-Audit Questionnaire; Interviews with Segregation Staff.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MIDD provides inmates with multiple ways to report sexual abuse and sexual harassment. PREA posters, handouts and inmate handbooks (all in English and Spanish) outlines the mandates of this standard and were observed throughout the facility explaining the reporting procedures. A review of documentation and staff / inmate interviews indicated that there are multiple ways (in writing, verbally, anonymously, privately and from a third party) for inmates and staff to report. The MIDD is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed
 -Policy 103 ECSD 981.00 Section 23 pg. 17-18; Education materials-Inmate Handbook, PREA posters, PREA tri-fold brochures; Pre-Audit Questionnaire; Interviews with random staff and inmates; Memorandum Of Understanding (MOU) with Greater Lawrence YWCA; Facility tour.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD MIDD policy addresses compliance with this standard. Inmates may file a grievance concerning allegations of sexual abuse or sexual harassment that would immediately result in an administrative or criminal investigation. Inmates are not required to use the informal or formal grievance process and are allowed to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. All response and reporting time limits concerning the grievance process are required by policy. In the past 12 months, there was one (1) grievance filed involving a PREA related issue. Staff interviews, policy review and grievance documentation reviewed is compliant with standard, however the process for PREA grievances to include reporting and response time limits are not communicated with inmates.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 24 pgs. 18-19; Pre-Audit Questionnaire; Inmate handbook; Documentation of submitted grievance, investigation and outcome; Interviews with staff.

Corrective Action Required

1. A process for communicating PREA Grievance procedures including reporting and response time limits must be established and documented.

Verification of Corrective Action

The inmate handbook was updated to include standard language and process. The section detailed the process for filing a grievance and response time limits for filed grievances. A copy of the handbook with the updated section was submitted to the auditors and reviewed October 20, 2016. Acknowledgements of revised handbook by inmates was sent to auditors as proof of implementation.

The Essex County Middleton House of Corrections is now fully compliant with this standard.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MIDD provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. PREA tri-fold brochures with appropriate telephone numbers are provided at intake. Mailing addresses are available and information is posted by the telephones. This information is also in the inmate handbook that is received at intake. Essex County has an MOU with The Greater Lawrence YWCA to provide victim advocacy services. Several operators were interviewed by telephone when telephones were checked. The operators confirmed that services were available to inmates 24 hours, are confidential and would provide advocacy services at the hospital upon request. Inmates interviewed were aware of the access to outside confidential support and were able to relay to the auditor that the information is provided through orientation materials (inmate handbook, PREA brochure, power point) and posters on the walls. Staff and inmate interviews and documentation review support compliance to this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 25 pgs. 19-20; Pre-Audit Questionnaire; Education Materials-PREA posters, PREA tri-fold brochures, Inmate Handbook; Interviews with random staff and inmates, PREA Compliance Manager; Spoke with operator at the Greater Lawrence YWCA when checking phones; Facility tour.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses third-party reporting procedures. Posted notifications (English and Spanish) throughout the facility (observed by the auditors) address the requirements of this standard. Inmates interviewed were aware they could make reports of sexual abuse or sexual harassment utilizing a third-party method and were able to confirm that information is posted throughout the facility and is located in orientation materials (inmate handbook, power point). Third-parties are also notified of reporting procedures on the Essex County Sheriff's Department website. Staff and inmate interviews and a review of documentation support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 26 pg. 20; Pre-Audit Questionnaire; ECSD website; Interviews with random staff and inmates; Facility tour.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses this standard and requires that relevant information must be maintained in a confidential manner. Interviews with staff confirmed they are aware to immediately report allegations of sexual abuse, harassment or neglect relevant to PREA standards to their Supervisor. Medical staff interviewed indicated that they advise the inmate that they have a duty to report incident to the appropriate supervisors and investigators and all information remains confidential. All staff carry a first responder action card and were able to relay duties. A review of policy, completed reports and interviews with random staff support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 27 pg. 20; Pre-Audit Questionnaire; Staff First Responder Card; Incident Reports; Interviews with random staff.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses the requirement of this standard. Staff interviewed were aware of their duties and responsibilities as it relates to having knowledge of an inmate being at imminent risk of being sexually abused or sexually harassed. Staff indicated they would immediately act to protect the inmate to include separation of the victim/perpetrator and secure the scene to protect possible evidence. In the past 12 months, there have been no situations where the facility determined an inmate was subject to substantial risk of imminent sexual abuse. A review of policy and staff interviews support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 28 pg. 20-21; Pre-Audit Questionnaire; Staff First Responder Card; Interviews with random staff.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy meets this standard. An investigation will be initiated according to policy. According to the Superintendent, Michael Marks, investigators would be sent to the facility to open an investigation if an allegation was received from another agency or facility that an incident of sexual abuse or sexual harassment had occurred at MIDD. In the past 12 months, one (1) allegation of sexual abuse that occurred at another facility was reported to MIDD staff. Interviews with staff, policy review and review of documentation of notification to other confinement facility support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 29 pgs. 21; Pre-Audit Questionnaire; Documentation of notification to other confinement facility; Interviews with Superintendent, PREA Coordinator and PREA Compliance Manager.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy describes procedures for staff to comply with this standard. Staff interviewed were knowledgeable concerning their first responder duties and responsibilities as it pertains to allegations of sexual abuse or sexual harassment. Staff indicated they would

immediately act to protect the inmate to include separation of the victim/perpetrator and secure the scene to protect possible evidence. All staff carry a first responder card. Interviews with staff, policy and documentation review support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 30 pg. 21; Pre-Audit Questionnaire; First Responder Card; Incident Reports; Interviews with random staff (security and non-security staff).

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses the requirements of this standard. Staff interviewed were able to describe their responsibilities regarding coordinated actions to be taken by first responders, medical staff, investigators and supervisors as it pertains to allegations of sexual abuse and sexual harassment. First responders interviewed were able to identify steps to immediately act to protect the inmate to include separation of the victim/perpetrator, secure the scene to protect possible evidence and notify the shift supervisor immediately. Medical staff interviewed indicated that as soon as they are notified, medical will provide immediate service and mental health will be notified. If mental health staff is not present when incident is reported, the victim will be protected and notification shall be made for a mental health professional to respond. Investigator interviewed indicated that investigations of reported incidents of alleged sexually abusive behavior between inmates shall be initiated by the Superintendent. The Superintendent shall review and assess all reports of allegations and determine the appropriate course of action to be taken. Investigations are initiated within 72 hours of an allegation. Supervisors interviewed stated that they assist the first responders and ensure the Superintendent is notified of the allegations. All staff carry a first responder card to utilize in response to an incident of sexual abuse or sexual harassment. Interviews with staff and review of documentation support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 31 pg. 21; Pre-Audit Questionnaire; First Responder Card; Interviews with random staff, supervisors, Superintendent and PREA Compliance Manager.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses the requirements of this standard. The collective bargaining agreements between the Essex County Sheriff's Department (ECSD), the Essex County Correctional Officers Association (ECCOA) and the International Brotherhood of Correctional Officers (IBCO) reviewed did not allow for the protection of victims from abusers. The agreements are not in compliance with PREA standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 32 pgs. 21-22; Pre-Audit Questionnaire; Collective Bargaining Agreements (ECCOA and IBCO); Interview with PREA Coordinator.

Corrective Action Required

1. The collective bargaining agreements must be amended to be consistent with 115.66.

Verification of Corrective Action

Although there is no exact language of this standard in the union agreement, the union agreement does not preclude a staff member from being terminated for violation of PREA. On January 3, 2017 a meeting was held with the ECSD representatives and members of the Essex County Correctional Officers Association (ECCOA) and the International Brotherhood of Correctional Officers (IBCO) to review the PREA standards. All party members at the meeting signed an acknowledgement memorandum stating they were aware of the PREA standards, their intent and ECSD responsibility to protect its inmates. The auditors were provided a copy of the signed memorandum to demonstrate corrective actions were taken regarding this standard.

The Essex County Middleton House of Corrections is now fully compliant with this standard.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy prohibits any type of retaliation to any staff member or inmate who has reported sexual abuse or sexual harassment or who has cooperated with such investigations. The PREA Coordinator and PREA Compliance Manager interviewed indicated they are responsible for monitoring all possibilities of retaliation, and, at minimum, conduct and document checks with an inmate who may have been victimized or reported victimization for at least 90 days following an allegation. The Superintendent indicated that if an allegation is reported by an inmate against staff, the staff member is immediately assigned to another post to prevent contact between the inmate and staff member. He also stated that if the case involves a staff member allegedly retaliating against an inmate, the facility would immediately notify Internal Affairs and request they investigate the matter. Further, Administrators would ensure that the inmate and staff member has no further contact while the investigation is occurring. There have been no cases of retaliation discovered or reported in the past 12 months. Interview with the Retaliation Monitor(s) and policy review supports compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 33 pgs. 22-23; Pre-Audit Questionnaire; Interview with Retaliation Monitor(s); Documentation of monitoring/checks.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses the requirements of this standard. An examination of the facility, documentation review and staff interviews indicate that there is viable alternative to placement of inmates in involuntary segregated housing. Separate housing for victim and perpetrator is considered. In the past 12 months, no inmates were held in involuntary segregated housing for one to 24 hours awaiting completion of an assessment or for longer than 30 days while awaiting alternative placement. Policy requires inmates placed in this status are reviewed every 30 days. Staff interviews, policy and documentation review verify compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 34 pgs. 22-23; Pre-Audit Questionnaire; Facility tour; Interviews with Segregation Staff and random staff.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses the procedures to comply with this standard. The Essex County Sheriff’s Department has a Security Investigations Department that conducts all administrative and criminal investigations. The Essex County District Attorney’s Office and Massachusetts State Police Department can be utilized for additional assistance when criminal investigations are warranted. The aforementioned departments are responsible for the collection of forensic evidence. Staff interviewed were aware of the facility’s procedures to obtain usable physical evidence if sexual abuse is alleged. Investigator interviewed indicated that investigations of reported incidents of alleged sexually abusive behavior between inmates shall be initiated by the Superintendent. The Superintendent shall review and assess all reports of allegations and determine the appropriate course of action to be taken. Investigations are initiated within 72 hours of an allegation. The investigator also addressed that is not required for an inmate to submit to a polygraph as a condition to move forward to conduct an investigation. Compliance is based on a review of 24 completed investigation conducted in the past 12 months and interview with an investigator who handle PREA allegations. When investigators received notification of the allegation, the investigation started immediately, including gathering and preservation of direct and circumstantial evidence. As demonstrated in the investigation, evidence is assessed individually, in a standard format and factually. Interviews with Security Investigation Department staff and review of policy and investigative reports supports compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 35 pgs. 23-24; Pre-Audit Questionnaire; Investigation reports; Interviews with Superintendent and investigative staff.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses the evidence standard that requires “a preponderance of the evidence” when determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigator interviewed indicated that investigations of reported incidents of alleged sexually abusive behavior between inmates shall be initiated by the Superintendent. The Superintendent shall review and assess all reports of allegations and determine the appropriate course of action to be taken. Investigations are initiated within 72 hours of an allegation. The investigator also addressed that is not required for a resident to submit to a polygraph as a condition to move forward to conduct an investigation. Investigations that were deemed substantiated versus unfounded were based on evidence available. Interviews with staff, review of policy and incident and investigative reports support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 36 pg. 24; Pre-Audit Questionnaire; Incidents and Investigative reports; Interview with investigative staff.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy is consistent with this standard. Through interviews with the investigative staff, PREA Coordinator and PREA Compliance Manager, when an allegation has been determined to be substantiated, unsubstantiated or unfounded the institutions notifies the inmate who made the allegation utilizing 103 DOC 519 Attachments I, II & III- Inmate Notification Letters. Policy review, documentation and interviews with staff confirm a practice that demonstrates compliance.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 37 pg. 24; Pre-Audit Questionnaire; Inmate notifications; Interview with investigative staff, PREA Coordinator and PREA Compliance Manager.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy outlines the the required procedures to be taken to be in compliance with this standard. Interviews addressed that Internal Affairs would be notified immediately to conduct an investigation and the inmate and the staff member would not have contact

during the investigation process. Zero (0) staff have been disciplined, terminated (or resigned prior to termination), or reported to law enforcement/ licensing boards in the past 12 months for violating the agency sexual abuse or sexual harassment policies. Policy review and interviews with staff support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 38 pg. 25; Pre-Audit Questionnaire; Interview with Superintendent and PREA Compliance Manager.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy complies with all required actions and reporting concerning contractors and volunteers as it pertains to this standard. Interviews with the Superintendent and PREA Coordinator described that Internal Affairs would be notified immediately and the contractor/volunteer would not have contact with the inmate during the investigation. In the past 12 months, there have not been any contractors/volunteers accused of sexual abuse or sexual harassment of an inmate. Policy review and staff interviews support the practice that demonstrates compliance.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 39 pg. 25; Pre-Audit Questionnaire; Interview with Naphcare Medical Staff and PREA Compliance Manager.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses the mandates of this standard. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following criminal finding of guilt for inmate-on-inmate sexual abuse. Therapy services are available through the Greater Lawrence YWCA and Mental Health through Medical Department. Several operators were interviewed by telephone when telephones were checked. The operators confirmed that services were available to inmates 24 hours, are confidential and would provide advocacy services at the hospital upon request. Inmates may be disciplined for sexual contact with staff that is not consensual. The MIDD does not discipline inmates for making reports in "good faith" which may be found later to be unsubstantiated or unfounded. Policy review, documentation review and staff interviews support the practice that demonstrates compliance.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 40 pgs. 25-26; Pre-Audit Questionnaire; Incident and Investigation reports; Interview with PREA Compliance Manager.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses the requirements of this standard. Interviews with medical and mental health staff verified the facility has a system for collecting medical and mental health information and has the capacity to provide continued, re-assessment and follow-up services. Treatment services related to PREA are offered without financial cost to the inmate. Medical staff attempt to obtain consent to release information before reporting prior victimization to another agency. Information received is handled confidentially. Interviews with medical staff and inmates support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 41 pg. 26; Pre-Audit Questionnaire; Interviews with medical staff and inmates.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy requires that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. No inmates were in need of access to emergency medical or mental health treatment pursuant to the PREA standard in the past 12 months. Medical staff interviewed indicated that the facility would ensure free services, documentation of services, mental health services, information about sexually transmitted diseases and confidentiality if treatment were needed. Also, the inmate would be sent to the Lawrence General Hospital where required services would be provided. A telephone interview was conducted with SAFE/SANE Nurse Deb Perry. Ms. Perry confirmed that all forensic medical examinations are completed at the Lawrence General Hospital, without financial cost to the inmate, and that there are twenty (20) SAFE/SANE Nurses on staff. She also stated that if a SAFE/SANE Nurse was unavailable to conduct examinations that the Emergency Room (ER) Nurses are all trained to conduct forensic medical examinations. The facility would ensure free services, documentation of services, information about sexually transmitted diseases and confidentiality if treatment were needed. Policy review and interview with medical staff support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 42 pgs. 26-27; Pre-Audit Questionnaire; Memorandum Of Understanding with Lawrence General Hospital; Interview with Naphcare Medical Staff and telephone interview with SAFE/SANE Nurse Debbie Perry.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses this standard. The facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. This treatment is without financial cost to the inmate and is consistent with the local community's level care. The policy reviewed is in place to provide for the services required by this standard. Inmates interviewed were aware of services available under this standard. The MIDD is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 43 pg. 27; Pre-Audit Questionnaire; Interviews with Naphcare Medical Staff and inmates.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Although the ECSD/MIDD policy describes procedures for sexual abuse incident reviews required by this standard, a review documentation does not support compliance. There were 2 incidents that warranted an incident review. One was reviewed 8 months, and the other 11 months, after the conclusion of the investigation. The facility does not meet this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 44 pgs. 27-28; Pre-Audit Questionnaire; Sexual Abuse Incident Reviews; Interviews with Superintendent, PREA Coordinator and PREA Compliance Manager.

Corrective Action Required

1. Establish practice and documentation to ensure incident reviews occur within 30 days of the conclusion of the investigation and complete training of practice to ensure compliance.

Verification of Corrective Action

ECSD/MIDD policy addresses this standard and training of policy was completed. The auditors were provided a sexual abuse incident review that was completed within 30-days of the conclusion of the investigation that demonstrates corrective action regarding this standard.

The Essex County Middleton House of Corrections is now fully compliant with this standard.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses this standard. The facility will collect accurate uniform data for every allegation of sexual abuse by using a standardized form. Data collected is utilized for facility to submit the mandatory annual Department of Justice (DOJ) Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends and take corrective action when indicated. A review of policy, documentation and interview with PREA Coordinator confirmed compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 45 pgs. 28-29; Pre-Audit Questionnaire; Annual PREA Report; Department of Justice (DOJ) Survey of Sexual Violence Report for 2014; Interviews with Superintendent and PREA Coordinator; Essex County Sheriff's Department website www.eccf.com.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses this standard. The PREA Coordinator and PREA Compliance Manager collects the data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action. An annual report of disclosable data is prepared and approved by the Superintendent. This report is submitted to the Sheriff and published on the Essex County Sheriff's Department website. The most recent annual report was reviewed and the PREA Coordinator was interviewed to confirm compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 46 pg. 29; Pre-Audit Questionnaire; PREA Annual Report (most recent); Interview with PREA Coordinator.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/MIDD policy addresses this standard. An annual report of disclosable data is prepared and approved by the Superintendent. This report is submitted to the Sheriff and published on the Essex County Sheriff's Department website. The data is retained in a secure file for over 10 years. The most recent annual report was reviewed and the PREA Coordinator and the Superintendent was interviewed to confirm compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 47 pgs. 29-30; Pre-Audit Questionnaire; PREA Annual Report (most recent); Interviews with Superintendent and PREA Coordinator.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



Leah Michele Coffin

January 30, 2017

Auditor Signature

Date